

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <b>101593257</b>	FILING DATE
APPLICANT(S)	

CLAIMS

AS FILED	AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3		2				
4	/		/			
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TOTAL IND.	4	↓	4	↓		
TOTAL DEP.	7	←	6	←		
TOTAL CLAIMS	11		10			

AS FILED	AFTER		AFTER			
	1 <sup>ST</sup> AMENDMENT		2 <sup>ND</sup> AMENDMENT			
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